

Lets talk about the meth problem. Lets talk about a new technology that has the potential to “change the game.” I recently became aware of Zephrex D (Westport Pharmaceutical) and Nexafed (Acura Pharmaceutical). These are two brand new pseudoephedrine (PSE) products. Each one is a combination of PSE and a “proprietary matrix.” This “tamper-resistant formulation prevents the active ingredient from being used in the illicit manufacture of methamphetamine.” When cooked, Zephrex D turns into a gummy gel instead of crystalizing. Nexafed has similar properties. Apparently the decongestant activity of both of these products is as effective as PSE, safe, and comparably priced. After rigorous testing, Zephrex D rolled out in the St. Louis area this past November. Nexafed was made available to national and regional drug wholesalers in December.

Shortly after taking office last year, I had a chance to speak to most of the pharmacy managers in Warsaw about the sale of PSE. The purpose of those visits was to ask the pharmacies to voluntarily remove PSE products from their stores. As you may remember, our only two locally owned pharmacies, Zale’s and Pill Box, both complied.

Listening to this group of local pharmacists, I realized that they have been put on the front lines in the “meth war.” They see the addicts or their paid “smurfs” come in and purchase everything in the store they need to cook up another batch. One manager told me that on a particular Friday evening during a certain time period, eight out of ten pharmacy purchases was for PSE. Another wryly joked that they may as well put a display with all of the materials for meth cooking at the end of the aisle. Some are scared. But every one of them upheld their job as professionals and accepted their role of tracking sales and even refusing sales when the potential for abuse was obvious.

From those visits, it seemed a reasonable option to require a prescription for PSE products. This would shift the decision making to those that diagnose allergy, asthma, rhinitis, congestion from colds, etc. Individuals with chronic asthma or allergy symptoms could access prescriptions with multiple refills from their doctor, dentist, or optometrist that they surely visit at least once a year for those or related conditions. In the instance of a bad cold, many go to the doctor anyway, seeking antibiotics and could also acquire PSE at that visit. It also seemed reasonable to assume that a box of PSE doesn’t get used up with one illness but generally sits around and can last months and treat repeated illness. I checked a recent purchase and the expiration date was well into 2014. While I acknowledge that there would be some extra visits to the doctor, the argument that health care costs would soar is overstated.

What isn’t overstated is the cost directly spent out of the taxpayer’s pocket to fight this serious problem. Local, county, state, and federal resources spend billions of dollars, wasted on a problem that could be better controlled by cutting off the availability of PSE. The costs of undercover investigations, arrests, and police reporting is staggering. Don’t forget the millions in court costs to prosecute, incarcerate, and rehabilitate (we hope), the addicts. There are costs to put addicts on probation, social services costs trying to pick up the pieces of broken families, costs to provide health care to the burn victims, and property damage cost when those pots decide to explode like a stick of dynamite.

Also don't forget the costs to "decontaminate" a toxic site. A 2005 Rand Corp study (Societal Costs of Methamphetamine in the United States) best estimate was 23.4 billion dollars annually. It is certainly higher 8 years later. Talk to our law enforcement officers, social service professionals, health care professionals, and judicial employees. Talk to the families of the addicts.

Something has to be done. There is a move to make PSE prescription in Indiana. While this may be an effective way to stem the tide of this destructive problem, the "new kids on the block" technology could sidestep the prescription option with safe, effective, tamper-resistant, over-the-counter PSE. Zephrex D and Nexafed are pioneers of this emerging technology. Widespread distribution will take time. In the meantime, urge your pharmacists to put Zephrex D (www.zephrex-d.com) and Nexafed (www.nexafed.com) on their shelves as effective, responsible substitutes for current PSE products. Give this technology a chance to prove itself in the market. If it does, it will be a game changer. Then ban all tamper-resistant PSE.